Board of Registration in Podiatry

Diabetic Foot Care Policy

I. Purpose

The purpose of these guidelines is to ensure that the highest quality of diabetic foot care be provided to the citizens of the Commonwealth of Massachusetts. Foot pathology among our diabetic population poses a great threat to patient health; it enormously impacts quality of life. Diabetic amputations often result from minor foot trauma or improper routine foot care. The risk of amputation increases as diabetic patients age. Other serious lower extremity complications associated with amputation and prolonged morbidity includes: peripheral neuropathy, peripheral vascular disease, prior ulceration or amputation, and alterations of biomechanics, or change in foot structure (increased plantar foot pressure, limited joint mobility, bony deformities).

II. Patient Care

- 1. All diabetic patients, regardless of comorbity, should have an annual foot care examination by a podiatrist consisting of visual, sensory with monofilament, and vascular components.
- 2. All diabetic patients with any risk factor, identified by the treating podiatrist, should be seen at least every 2 months by a podiatrist for palliative care. The treating podiatrist when appropriate should recommend more frequent treatment.
- 3. The Podiatrist is the primary provider of foot care.

III. General Role of the Podiatrist

The board advises that education of patients, with respect to diabetic foot care, be a major concern in the practice of podiatrists who treat diabetic patients.

Finally, podiatrists should strive to develop a working relationship with other medical specialists who will collaborate in treating the comorbid conditions of the diabetic patients (ie: vascular surgeon, internist, endocrinologist, neurologist and ophthalmologist).

Respectfully submitted and signed this eleventh day of March 2003

Chairman, Board of Registration in Podiatry

Raymond DuBois, DPM

Secretary, Board of Registration